APPPLICATION FOR APPN & RN REINSTATEMENT

PLEASE NOTE:

Use this application if:

The Idaho RN license is lapsed
(and you do NOT live in a Compact State)

The Idaho APPN license is lapsed.

Criminal Background checks – Fingerprint-based are required for all applicants. Cards are available from the Board office. See item "Fingerprint Card – Related Fees"

APPLICATION INSTRUCTIONS FOR ADVANCED PRACTICE
PROFESSIONAL NURSE (APPN) AND PROFESSIONAL NURSE (RN) REINSTATEMENT

Nurses requesting reinstatement of licensure for the following categories may use this application:

- Licensed professional nurse (RN)
- Advanced Practice Professional Nurse (APPN: CNM, CNS, NP, RNA)

Idaho has a mandatory nurse licensure law requiring nurses to be licensed to practice in Idaho at the time of employment. A temporary license may be issued for an interim period of ninety (90) days while the application for renewable license is being processed. Instructions for temporary licensure are included on the reverse side.

The following documents must be on file with the Board of Nursing to determine your eligibility for reinstatement in Idaho. Documents requiring notarization may NOT be received by FAX. All documents become the property of the Board and may be destroyed, without further notification, if the application is not completed within one year:

APPLICATION FORM. Only application forms provided by the Board, completed in ink and notarized will be accepted. Photocopies or Faxed copies of application forms will not be accepted.

1) If all information requested is not supplied, provide an explanation for the omission.
2) Sign the affidavit with your usual signature and have it notarized.
3) Attach a 2x2 identification photograph, taken within the last year. Electronically scanned photos are not acceptable; features must be clearly identifiable. Black & white or color photos are acceptable.

FEE. Enclose the appropriate fee for all categories of licensure for which you are applying (personal checks are accepted):

Licensed Professional Nurse Reinstatement - $125.00
Advanced Practice Professional Nurse Reinstatement - $125.00
Temporary License for RN - $25.00
Temporary License for APPN – no charge

EMPLOYMENT INFORMATION. Indicate your last three years of employment as a professional nurse (RN) and/or last two years of employment as an advanced practice professional nurse (APPN). Give complete employer addresses.

EMPLOYMENT REFERENCE. A satisfactory nursing employment reference from the three-year period immediately preceding the application **is required for professional nurse reinstatement**. The employment reference may be faxed to this office (208/334-3262) or mailed directly to the Board of Nursing from the employer. References will not be accepted from the applicant. **This form is not required to be on file in order to issue the temporary license.** *(Does not apply to advanced practice professional nurses applying for reinstatement.)* See instructions on form. If you have not been employed in nursing within the last three years, do not complete the reference form. You may be required to obtain a conditional temporary license in order to update your nursing knowledge to qualify for Idaho licensure.

DECLARATION OF STATE OF RESIDENCE. Complete the enclosed form attesting that your primary residence is Idaho or other non-compact state.

ADVANCED PRACTICE CERTIFICATION. Indicate the name of the certifying organization for your category. List the date of original certification and submit a copy of your current certificate from a national organization. Nurse Practitioners NOT certified by a national organization and approved previously to practice in Idaho prior to July 1, 1998, shall be exempt from submitting evidence of certification. If your certification has lapsed, see instructions under "Temporary License" on reverse side of these instructions.

ATTESTATION. Carefully read the attestation regarding your APPN practice and **initial** that you have read this statement. If you are unable to attest that you have practiced the minimum period of time, you may be issued a temporary license in order to acquire the required number of hours and demonstrate ability to safely practice as an advanced practice professional nurse in Idaho.

See reverse side

APPN CONTINUING EDUCATION. Provide documentation of thirty (30) contact hours of APPN continuing education during the past two (2) year period. Continuing education completed may be that required for renewal of national certification if documentation is submitted confirming the certifying organization's requirement is for at least thirty (30) contact hours. Advanced practice professional nurses applying for reinstatement of prescriptive authorization must also complete ten (10) contact hours of approved pharmacology-related continuing education in the twenty-four months immediately preceding application for renewal as part of the required thirty (30) hours.

SCREENING QUESTIONS. Carefully read each question and provide the appropriate response. For any questions answered 'yes', attach a written statement of circumstances, including dates, events, outcomes, etc. If you have concerns regarding any of these screening questions, please contact the Board office. Providing false or incomplete information on this application may be grounds for denial of licensure.

CENSUS QUESTIONNAIRE. Complete the enclosed Census Questionnaire and return with your completed application. (Please leave the box requesting your license number blank.)

AFFIDAVIT. The affidavit on page 2 must be completed and notarized in order for your application to be valid.

BE ADVISED: Licensed professional nurses and advanced practice professional nurses must renew their license by August 31st of every odd-numbered year. A nurse who applies for licensure on or after March 1st of the year in which the license would normally be renewed will be issued a current certificate valid until the following renewal period.

FINGERPRINT CARD. Complete the required Fingerprint card and submit to the Board for processing. Only cards from the Board office are acceptable **- fee for processing - $34.00.**

INSTRUCTIONS FOR APPLYING FOR TEMPORARY LICENSURE FOR RN APPLICANTS

Applicants for temporary licensure as an RN must submit the completed application form with the following:

1) Licensure fee ($125.00), plus the additional temporary licensure fee of $25.00 (total $150.00) - for licensed professional nurse applicants only.
2) Evidence that you are currently licensed in another state. Submit a photocopy of a current licensure certificate (wallet-sized card) accompanied by the enclosed "Affidavit Attesting to Validity of Copy". The licensure certificate must indicate the expiration date.

TEMPORARY LICENSURE FOR ADVANCED PRACTICE PROFESSIONAL NURSE

Advanced practice professional nurse applicants (CNM, CNS, NP, RNA) applying for APPN temporary licensure, must submit the completed application form and the "Affidavit Attesting to Validity of Copy", attached to one of the following documents: (An APPN temporary license will only be issued if the RN temporary has been applied for and issued.)

1) If you hold national certification, submit a copy of your current certificate showing the expiration date; or
2) If your national certification has lapsed, submit a copy of your lapsed certificate. The Board will consider issuance of a conditional temporary license in order for you to meet specified practice requirements under supervision for re-entry into advanced practice professional nursing.

Applicants for advanced practice professional nurse temporary licensure must hold a current Idaho temporary or renewable professional (RN) license.

Temporary licenses CANNOT be issued on expired, inactive, non-practicing certificates; temporary licenses from other states; or certificates not issued in your current name unless accompanied by a Change of Name Affidavit (available from this office) or a copy of your marriage license or divorce decree or other legal document indicating name change.

IDAHO BOARD OF NURSING - PO BOX 83720 - BOISE, ID 83720-0061
(208) 334-3110
APPLICATION FOR PROFESSIONAL NURSE AND ADVANCED PRACTICE PROFESSIONAL NURSE REINSTATEMENT

For Office Use Only

License #_____

APPN #_____

Receipt#_____

Amount _____

Approval

Temp_____

Licensure_____

Check the category for which reinstatement is being made:

- ☐ Professional Nurse (RN)
- ☐ Advanced Practice Professional Nurse
  - ☐ Certified Nurse-Midwife
  - ☐ Clinical Nurse Specialist
  - ☐ Nurse Practitioner
  - ☐ Registered Nurse Anesthetist
- ☐ Temporary Licensure

AFFIX A 2" X 2"

PHOTOGRAPH

HEAD AND SHOULDERS ONLY
Taken within the Year

DO NOT STAPLE

Date of photo_____

Name_____
Last First Middle Maiden

Other names used previously_____

Mailing Address_____
City State Zip Code

Telephone - Home: ( )_____Work: ( ) _____ S.S. No. _____

Birthplace_____Birth Date_____
(City & State)

ADVANCED PRACTICE PROFESSIONAL NURSE CERTIFICATION

APPN Certification:
Name of certifying organization:_____
Date of original certification:_____Current expiration date:_____

A notarized copy of your current certificate from a national organization must be attached to the enclosed Affidavit.

EMPLOYMENT INFORMATION

LIST LAST TWO YEARS OF NURSING EMPLOYMENT:

Name & Complete Address of Employer	Position	Employment From	Employment To

If you have not been employed in advanced practice nursing within the last two years, or if there are gaps in employment, please explain. (Supervised practice and a content update may be required if you have not engaged in advanced nursing practice for more than two years.)_____

_____

- OVER -

ATTESTATION

By signing the notarized affidavit on this application, I hereby attest that I have practiced a minimum of two hundred (200) hours of advanced practice professional nursing practice within the two (2) year period preceding the filing of this application. Please initial that you have read this statement_____.

IT IS THE DUTY OF EACH APPLICANT TO MAKE INQUIRY OF THE INDIVIDUAL LICENSING BOARDS REGARDING THE STATUS OF LICENSURE IN THAT STATE BEFORE RESPONDING TO THE QUESTIONS BELOW. Ignorance of license status or disciplinary information will not constitute an excuse for incorrect information. In addition, failure to disclose all licenses may result in denial of your application or other appropriate action.

SCREENING QUESTIONS

PLEASE ANSWER ALL QUESTIONS (For all "yes" answers, attach a complete explanation including dates, circumstances and supporting documents if necessary.)

1.	Has your nursing license ever been disciplined in any state (e.g., revoked, suspended, placed on probation, formally reprimanded, or otherwise encumbered)?		☐Yes	☐No
2.	Is any action pending against your nursing license in any state?		☐Yes	☐No
3.	Have you ever had approval to practice in an advanced role denied, limited, suspended, revoked or otherwise disciplined?	☐NA	☐Yes	☐No
4.	Have you ever had an application for nursing license denied?		☐Yes	☐No
5.	Have you ever been denied admission to take a nursing examination by any state?		☐Yes	☐No
6.	Do you have, or have you been diagnosed as having, or have you been treated for having a physical or mental condition, including drug or alcohol addiction during the past five (5) years, which may impair your ability to practice nursing with reasonable skill and safety?		☐Yes	☐No
7.	If yes, do you require special accommodations in order to practice?	☐NA	☐Yes	☐No
8.	Do you currently have any felony or misdemeanor charges pending against you in any jurisdiction?		☐Yes	☐No
9.	Have you ever pled guilty, entered a plea of nolo contendre, been convicted of, or received a withheld judgment for a misdemeanor or felony in any jurisdiction?		☐Yes	☐No

THE AFFIDAVIT BELOW MUST BE COMPLETED IN ORDER FOR YOUR APPLICATION TO BE VALID.

A F F I D A V I T

State of _____)
) s.s.
County of _____)

I,_____being duly sworn, declare that I understand the instructions and terms as set forth in this application form, that I am the person referred to in the foregoing application and this affidavit, and that I have personally completed this form, and that the information given in this application is true, correct and complete. I declare that I have no mental or physical disabilities (except as otherwise noted above) that presently interfere with my ability to competently and safely practice nursing and that I have read and understand this affidavit.

_____
Signature of Applicant

On this _____ day of _____, in the year of _____before me _____, notary public, personally appeared _____known or identified to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same.

WITNESS my hand and official seal.

My Commission expires_____

Reinstate RN & APPN 4/06

NURSING EMPLOYMENT REFERENCE FORM

LICENSURE APPLICANT:

1. If you have been employed as a nurse at some time within the last three years, complete the release information at the top of this form and send to a registered nurse/supervisor from your current or most recent place of employment for completion of the bottom section. The form must be returned ***directly*** to the Board by the nursing employer**.**
2. 2. If you graduated from a nursing education program *less than one year ago **AND** you have **not** been employed as a nurse for a minimum of 90 days*, complete the release information at the top of this form and send to a faculty member at your nursing education program for completion of the bottom section. The form must be returned ***directly*** to the Board office by the faculty.

TO: _____ _____

PLACE OF EMPLOYMENT (OR NURSING SCHOOL) SUPERVISOR (OR FACULTY CHAIR)

I,_____, Social Security # _____ have applied to the (Name of Nurse Applicant)

the Idaho Board of Nursing for licensure as an _____ nurse. I stated on my licensure application (RN/LPN/APPN)

that I was **employed/enrolled** at your institution as a _____ for the following **(circle one)** (RN, LPN, RNA, NP, CNM, CNS, other)

period: _____ to _____. I hereby authorize you to release to the Idaho

Board of Nursing for licensure purposes, the information requested below.

_____ _____

DATE SIGNATURE OF APPLICANT

ATTENTION: THIS FORM WILL NOT BE ACCEPTED DIRECTLY FROM THE APPLICANT.

NURSING EMPLOYER (OR FACULTY MEMBER):

The above named person has applied for licensure as a nurse in the State of Idaho and has given your name as a reference. Please furnish the information requested below and return the completed form by mail or FAX to:

IDAHO BOARD OF NURSING, P.O. BOX 83720, BOISE, ID 83720-0061 (FAX: (208) 334-3262)

(If returning the form by FAX, please DO NOT follow up with a hard copy. Thank you.)

1. The applicant was **employed/enrolled** from _____ to _____.
(circle one)

as a(n): ☐ RN ☐ CNM ☐ NP
☐ LPN ☐ CNS ☐ RNA

☐ OTHER* _____

If OTHER is checked, please specify job title in the blank and list job duties on the reverse side of this form.

2. GENERAL HISTORY: Met performance requirements ☐
Performance **NOT** satisfactory ☐
(If NOT satisfactory, please explain on reverse side.)

_____ _____

DATE SIGNATURE AND TITLE

EMPLOYER OR SCHOOL: _____
MAILING ADDRESS: _____
_____
PHONE and FAX NUMBERS: _____

11/04

NURSING LICENSURE INTERSTATE COMPACT

Dear Applicant for Licensure by Interstate Endorsement or Reinstatement:

On July 1, 2001, Idaho became a member of the Nurse Licensure Compact. Other states include Arizona, Arkansas, Delaware, Iowa, Maine, Maryland, Mississippi, Nebraska, New Hampshire, New Mexico, North Carolina, North Dakota, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, and Wisconsin.

Under terms of the Nurse Licensure Compact, nurses may hold a license to practice issued by their state of residence, if that state is a Compact state, and are granted the privilege to practice in other Compact states without holding separate licenses in those other states. If you reside in a Compact state, you may hold a Compact state license only in your declared state of residence; you may not be licensed in any other Compact state. If you reside in a state that is not a member of the Compact and you apply for licensure to practice in any Compact state, you will be issued a license by the individual Compact state that will be designated as valid for practice only in that state.

If you are applying for licensure in Idaho and indicating a mailing address in another Compact state, it is imperative that you inform the Idaho Board as to which scenario best suits your particular situation, to ensure that appropriate procedures are followed in issuing your Idaho license or in directing you to contact the appropriate state(s) to apply for and receive a license.

Please note, if you are in the process of moving to Idaho and declaring Idaho as your state of residence, you must provide the Idaho Board with an Idaho address within 30 days of relocating to this state. Upon notice of address change, licenses held in any other Compact state will become invalid.

More information regarding the Nurse Licensure Compact is available on the National Council of State Boards of Nursing web site at http://www.ncsbn.org. If you have questions about your application, please contact the Board at (208) 334-3110 ext. 21.

----------Tear off and return----------

DECLARATION OF STATE OF RESIDENCE

Name_____

Address:_____

Primary state of residence is defined as "the state of a person's declared fixed permanent and principal home for legal purposes; domicile. Documentation of state of residence includes a valid driver's license with a home address, voter registration card with a home address, and/or the state declared as the state of residency on the last federal tax return.

Based on the definition above, my primary state of residence is_____
I am currently practicing nursing (including telenursing) in the following states:

_____

_____

Check one:

- ☐ I am declaring Idaho as my state of residence, even though my mailing address is in another Compact state.
- ☐ I am declaring Idaho as my state of residence; my mailing address is listed below.
- ☐ I am practicing in Idaho, but am declaring another Compact state as my state of residence.
- ☐ I am practicing in Idaho, but am declaring a Non-Compact state _____ as my state of residence.
- ☐ I am a member of the armed forces and am declaring Idaho as my state of residence.
- ☐ I am in the process of moving to Idaho, but do not yet have an Idaho mailing address.

Signature_____ Date_____
Address:_____

5/06Declare Ltr

IDAHO BOARD OF NURSING
ADVANCED PRACTICE PROFESSIONAL NURSE
CONTINUING EDUCATION ACTIVITIES REPORT

FROM_____ TO_____

NAME_____
APPN License number: CNM_____ CNS_____ NP_____ RNA_____
ADDRESS_____
_____

Advanced Practice Professional Nurse License Renewal: Rule 23.01.01.300.03.	RENEWAL OF LICENSURE IS DEPENDENT UPON documentation of 30 contact hours of continuing education during… [the last] two year period
Authorization Renewal: Rule 23.01.01.315.02.b.	RENEWAL OF PRESCRIPTIVE AUTHORITY IS DEPENDENT UPON completion of ten (10) contact hours of approved pharmacology-related continuing education in the twenty-four (24) months immediately preceding application for renewal. Hours may be part of the thirty (30) required hours (above).
DEFINITIONS:	CONTINUING EDUCATION_– consists of planned learning experiences designed to maintain and update knowledge, skills, and attitudes for the enhancement of practice. CONTACT HOURS = equal clock hours.

THIS REPORT MAY BE AUDITED. IF SELECTED FOR AUDIT, YOU MAY BE ASKED TO SUBMIT DOCUMENTATION OF COMPLETION OF INDICATED CONTINUING EDUCATION. (Attach additional pages if necessary.)

DATE	NAME OF PROGRAM	SPONSOR	Contact Hours	Pharmacolgy-Related Hours

IDAHO BOARD OF NURSING

Professional Nurse (RN)
2005-2007 CENSUS QUESTIONNAIRE

For Office Use Only

Cert #_____
Rec't #_____ Amt_____
Date Issued_____
☐ Reinstatement
☐ Endorsement

Please Print
NAME :_____

ADDRESS :_____

CITY & STATE :_____
Zip Code

Idaho License No.	Birth Date	Social Security No.	Gender* (Optional)	County Name	
	/ /	- -		Residence:	Employment:

Ethnicity* (Optional) ☐ Caucasian(1) ☐ African American/Black(2) ☐ Hispanic(3) ☐ Am. Indian/Alaska Native(4)
☐ Asian/Pacific Islander(5) ☐ Multi-Racial(6) ☐ Other(99)_____

*(*Voluntary disclosure information – response optional)*
Please choose only one answer for each question, write the appropriate number in the box to the left.

EMPLOYMENT STATUS
1. Employed in nursing full-time
2. Employed in nursing part-time
3. Employed outside nursing
4. Not Employed/Seeking Employment
5. Not Employed/Student
6. Not Employed/Not Seeking
7. Volunteer
8. Emeritus
9. Retired

PRIMARY EMPLOYER
Employer_____ Address_____

PRIMARY EMPLOYMENT
1. Hospital
2. Nursing Home
3. Home Health/Hospice
4. Public Health
5. Occupational Health
6. Medical Office/Clinic
7. Assisted Living
8. Nursing Education
9. Insurance Company
10. Jail/Prison
11. School Health
12. Outpatient Facility
99. Other (specify)_____

TYPE OF POSITION
1. Staff or General Duty
2. Case Manager/Discharge Planner
3. Administrator/Supervisor
4. Educator
5. Advanced Practice (not RN Specialty)
6. Quality Assurance/Outcomes Management
7. Consultant/Researcher
8. Charge/Lead Nurse/ Team Leader
99. Other (specify)_____

MAJOR CLINICAL AREA
1. Geriatric
2. Gynecologic/Obstetric
3. Medical/Surgical
4. Pediatric
5. Psychiatric/Mental Health
6. Emergency
7. Community/Public Health
8. Rehabilitation/Restorative
99. Other (specify)_____

BASIC EDUCATION
1. Diploma
2. Associate Degree
3. Baccalaureate Degree or Higher
4. Other (specify)_____

HIGHEST DEGREE
1. Diploma/RN
2. Associate Degree/RN
3. Baccalaureate Degree/RN
4. Baccalaureate Degree in Other Field (specify)_____
5. Masters in Nursing
6. Masters in Other Field (specify)_____
7. Doctorate in Nursing
8. Doctorate in Other Field (specify)_____
9. PN Certificate/Diploma
10. PN Associate Degree
99. Other (specify)_____

Year Advanced Degree was Granted_____

I am currently taking courses toward an additional/advanced degree in nursing? ☐ Yes ☐ No
I intend to leave/retire from the practice of nursing in the next five years? ☐ Yes ☐ No
States other than Idaho in which I am practicing:_____

Information provided is for statistical purposes only.

AFFIDAVIT ATTESTING TO VALIDITY OF COPY

I hereby certify that the attached is a direct photocopy of:
Please ☒ appropriate box (es).

- ❒ The certificate which shows proof of current licensure as a licensed professional nurse (RN)
- ❒ The certificate which shows advanced practice professional nurse national certification

Total number of documents_____ _____
Signature of Applicant

On this _____ day of _____, in the year of _____, before me_____
_____, a notary public, personally appeared _____,
known or identified to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same.

_____
(Notary Seal) Notary Public

_____
My Commission Expires

Detach Here

Check List

The following items must be submitted when you file your application for **RN and APPN** Reinstatement:

- ☐ Completed, notarized application – pages 1 and 2
- ☐ Fee(s) for RN and APPN Reinstatement
- ☐ Census Questionnaire
- ☐ Declaration Form
- ☐ Employment Reference Form
- ☐ Continuing Education Form
- ☐ Fingerprint Card
- ☐ Affidavit attesting to the Validity of Copies – ***this form must be accompanied by a copy of your current licensure certificate in another state (if applying for a temporary license) and your APPN National Certification card.***

Be sure that you have requested your employer to complete the Employment Reference form to be submitted directly to the Board of Nursing.

Return Completed documents to:

Idaho Board of Nursing – PO Box 83720 – Boise, ID 83720-0061

The Idaho Legislature recognizes the importance of health care to all Idahoans and has provided for accessibility to provider profile information on specified licensed professionals through the passage of Idaho Code 54-4503. The database, known as IDACARE, will enable the public to make a more informed decision about their health care provider.

The Patient Freedom of Information Act requires that Advanced Practice Professional Nurses (Certified Nurse-Midwives, Clinical Nurse Specialists, Nurse Practitioners, and Registered Nurse Anesthetists) provide information regarding their educational background, work history, disclosure of any final board disciplinary actions, criminal convictions, malpractice history, and other pertinent information as required by law. Information is updated at the time the license is renewed.

Following the granting of licensure by this Board, you will be provided with the web address, login information and password to access the on-line profile form for completion.

For questions concerning IDACARE, contact the Board office at (208) 334-3110 ext. 21. You may also access pertinent sections of the Idaho Code by linking from our home page at: www2.state.id.us/ibn/ or accessing IDACARE at: www.idacare.org.